AUTHORIZED SIGNATURES, MAILING ADDRESSES AND TELEPHONE NUMBERS FOR FISCAL MATTERS

| (Contractor) | | | |
|--|--|--|----------|
| A. The policy is that all or Director. The signature of t | | signature of the Board Chairperson or Ex | ecutive |
| Board Chairperson or Presi (Required of private contrac | | Executive Director, Public Entities only ractors) (May substitute for Board Chairper | |
| (Type Name) | | (Type Name) | |
| (Signature) | | (Signature) | |
| B. The policy is that auth limited to: | norization to review and sign | budget revisions may be delegated. Deleg | ation is |
| <u>Title</u> | <u>Name</u> | <u>Signature</u> | |
| | | | |
| | and address of the individual to AS Monthly Revenue and Exp | o receive fiscal correspondence and reports penditure Reports) | s (i.e., |
| (Name and Title) | | | |
| (Address) | | | |
| (Telephone) | | | |

May 2000